

Today's Date ___/___/___

UNITED/GZ 2011 HEALTH FORM

This health form shall be good for the entire 2011 year. Once you have filled it out, please return it to the church, the youth ministry or one of it's staff members.

I understand that United Youth Ministry/Ground Zero Youth Ministry and its youth ministry staff are committed to providing safe, fun and educational activities, and that all United/GZ youth activities are conducted in a smoke-, alcohol- and drug-free environment. In light of this, and to help ensure the safety of all concerned, I understand that if my child is in possession of drugs, alcohol or tobacco products, engages in any illegal conduct, or refuses to follow the directions of United/GZ youth staff or volunteers while participating in this activity, I will be telephoned to immediately pick up my child.

In the event of a medical emergency, I declare that I am the child's parent or legal guardian and hereby authorize the United/GZ youth ministry staff, as agents for me, to consent to X- ray exams, and other medical, dental, or surgical diagnosis and treatment, advised and supervised by a physician, surgeon or dentist. This authorization extends to any emergency room treatment, and admission and treatment as an inpatient, considered necessary by the attending physician. I understand that, in the event of such an emergency, I will be contacted as soon as possible.

I attend: ___ United Youth Ministry ___ Ground Zero Union Male ___ or ___ Female

Child's Name: _____ Date of Birth ___/___/___ Grade _____

Address: _____
Street / P.O. Box City State Zip

Parent/Guardian Signature: _____ Printed Name: _____

Parent's Telephone _____ Cell _____

If I am unreachable in an emergency, contact: _____

Relation to student: _____

Emergency Telephone _____ Cell _____

Name of family doctor: _____ Phone # _____

Medical Insurance Company: _____

Contract Number: _____

Date of last tetanus immunization ___/___/___ Has he/she previously had penicillin? _____

List any medication to which he/she is allergic: _____

List any current medical problems or medicines: _____

******If any of this information changes during the year, you must fill out another 2011 health form and return it to GZ***

Use Back Of Form If Necessary